Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH INSTRUCTION this form. | ON GUIDE explains how to complete (Ethics Commission filers) | 2 Total pages filed: | | |
|---------------------------------|--|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER | TITLE FIRST MI | OFFICE USE ONLY | | |
| NAME | EDWARD | | | |
| | NICKNAME LAST SUFFIX | Date Received | | |
| | GARZA | | | |
| 4 CANDIDATE/ | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | 1 | | |
| OFFICEHOLDER ADDRESS | D 0 D 100003 | | | |
| Change of Address | P. 0. Box 120003 San Antonio, TX 78212 | Date Hand-delivered or Date Postmarked | | |
| Change of Address | Sali Aitoillo, in 70212 | | | |
| 5 CAMPAIGN | TITLE FIRST MI | | | |
| TREASURER NAME | EDITH S. | Receipt # Amount | | |
| | NICKNAME LAST SUFFIX | Date Processed | | |
| | McALLISTER · | Date Imaged | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; | ZIP CODE | | |
| TREASURER ADDRESS | 203 Terrell Rd. | e.~1 | | |
| (Residence or business | | | | |
| | · | | | |
| 7 CAMPAIGN | AREA CODE PHONE NUMBER EXTENSION | | | |
| TREASURER PHONE | (210) 444-2792 | | | |
| 8 REPORT TYPE | (210 / 444-2732 | U SIZM | | |
| , the own the | January 15 30th day before election Runoff | 15th day after campaign treasurer appointment (officeholder only) | | |
| · | July 15 Sth day before election Exceeded \$500 limit | Final report (Attach C/OH - FR) | | |
| 9 PERIOD | Month Day Year Month Day | Year | | |
| COVERED | 07 / 01 / 2002 THROUGH 12 / 31 / | / 2002 | | |
| | | | | |
| 10 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year | | | |
| | Primary Runoff | General Special | | |
| 11 OFFICE | OFFICE HELD (if any) 12 OFFICE SOUGHT (if known | n) | | |
| | Mayor | | | |
| 13 NOTICE | Direct campaign expenditures are campaign expenditures made by others without the can- | didate's prior consent or approval. | | |
| OF DIRECT CAMPAIGN | Candidates are required to disclose this information only if they receive notification of the dire | | | |
| EXPENDITURE BY OTHER | Name | | | |
| INDIVIDUALS | | | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | |
| | | | | |
| additional pages | | | | |
| , | | | | |
| | GO TO PAGE 2 | | | |
| | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

| John Okt | GIOIAL | .5 | COVER SHEET PG Z |
|--|---------------------|---|---|
| 14 C/OH NAME | Edward | Garza | 15 ACCOUNT #(Ethics Commission filers) |
| 16 NOTICE FROM POLITICAL | may have been mad | tice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures. •• | late / officeholder. These expenditures es and officeholders are required to report |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | COMMITTEE ADDRESS | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 NO REPORTABLE ACTIVITY | | no reportable activity occurred during this reporting period. (Sign affidavit belo | w and submit pages 1 and 2 only.) |
| 18 CONTRIBUTION TOTALS | 1. TOTAL I | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 2 010 |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 17,708.85 |
| EXPENDITURE TOTALS | 3. TOTAL F | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 88,991.25 |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD | \$ |
| AFFIX NOTARY STAMP Sworn to and subscribe | ed before me, by th | Edward Garza | |
| Signature of officer adm | nin/stering oath | ELIKS (IN BISNCO Printed name of officer administering oath Title of the control | tany, Alett of Jefa, of officer administering oath |

SCHEDULE A1

| OTHER | THAN PLEDGES OR LOAN | S | (FOR FOR | MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) |
|------------------|--|--|-------------------------------|---|
| The Instruction | אים Guide explains how to complete this form. | | 1 Total pages this | Schedule A1: |
| 2 FILER NAMI | EDWARD GARZA | ······································ | 3 ACCOUNT# (E | thics Commission filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 8.14.02 | Goldenforb, HOWARD A | | | |
| 6.17.02 | 6 Contributor address; City; State; Zip Code 121 MIDDLE St. #200 | | 500.00 | 1 |
| | Portland, ME 04101 | | | |
| 9 Principal occu | pation (Optional) | 10 Employer (Option | nai) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | CREUZOT, Percy Contributor address; City; State; Zip Code | | CONTRIBUTION (4) | description (it applicable) |
| 8.14.02 | Contributor address; City; State; Zip Code 4220 Pinemont | | 500.00 | İ |
| | Houston, TX 77018 | | | [|
| Principal occu | pation (Optional) | Employer (Option | al) | · |
| Date | Full name of contributorout-of-state PAC (ID# | | Amount of | In-kind contribution |
| 8.14.02 | DURDEN, DAN | | contribution (\$) | description (if applicable) |
| 0.11.UL | Contributor address; City; State; Zip Code 411 FM 473 | | 300,00 | |
| | COMFORT, TX 78013 | | | |
| Principal occup | pation (Optional) | Employer (Option | al) | |
| Date | Full name of contributor ut-of-state PAC (ID#:_ |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| æ | VICKREY JOHNSON, BRE | NDA | continuation (4) | wescription (ii applicable) |
| 8.14.02 | 13055 N. HUNTERS CITO | ele | 210.00 | _ = = |
| | SAN ANTONIO, TX 782 | <i>3</i> 0 | 1 | |
| Principal occup | pation (Optional) | Employer (Options | ai) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Vensas, RICHARD J | | - σογιατομαίο, τ (ψ) | Good phon (il applicable) |
| 8.14.02 | VENSAS, RICHARD J. Contributor address; City; State: Zip Code 850 TREELINE PARK # | 1906 | 210.00 | |
| | SAN ANTONIO, TX 7820 | 09 | } | |
| Principal occup | ation (Optional) | Employer (Options | ai) | |
| | | | *** | |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM A | S NEEDED | l |

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

| The Instruction | N GUIDE explains how to complete this form. | | 1 Total pages this | Schedule A1: |
|-----------------|--|---------------------|-------------------------------|--|
| 2 FILER NAME | EDWARD GARZA | | 3 ACCOUNT # (Et | hics Commission filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#_BAIN, Pamela W. |) | 7 Amount of contribution (\$) | 8 in-kind contribution description (if applicable) |
| 8.14.02 | 6 Contributor address; City; State; Zip Code 1026 Central Pky. SAN Antonio, TX 782 | | 150.00 | |
| Principal occu | pation (Optional) | 10 Employer (Option | nal) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of contribution (\$) | In-kind contribution description (If applicable) |
| 8.14.02 | Contributor address; City; State; Zip Code 11434 WHISPER DAWN 5AN ANTONIO, TX 78 | J | 150,00 | |
| Principal occu | pation (Optional) | Employer (Option | l ai) | <u> </u> |
| Date | Full name of contributorout-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (#applicable) |
| 8.14.02 | COVARRUBIAS, JESSIF Contributor address; City; State; Zip Code \$04 Shalimar SAN Antonia, TX 7 | 18213 | 200.00 | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Principal occup | pation (Optional) | Employer (Option | al) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of contribution (\$) | In-kind contribution Co description (if applicable) |
| 8.14.02 | Contributor address; City; State; Zip Code 7 | 248 | 100.00 | |
| Principal occup | eation (Optional) | Employer (Option | al) | |
| Date | Full name of contributor out-of-state PAC (ID#: CON SLT, ENGINEERS Cour | colafTX PAC | Amount of contribution (\$) | lr⊢kind contribution description (if applicable) |
| 7.14.02 | Contributor address; City; State; Zip Code #00 w. 15 #820 | | 900.00 | |
| Principal occup | AUSTIN, TX 78701 ation (Optional) | Employer (Options | al) | |
| If contri | ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru | | | ng requirements. |

SCHEDULE A1

| The Instruct | юм Guide explains how to complete this form. | | 1 Total pages th | is Schedule A1: |
|-----------------|--|---------------------|-------------------------------|---|
| FILER NAM | ME EDWARD GARZA | | 3 ACCOUNT# | Ethics Commission filers) |
| Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 8.14.02 | The second secon | -10th FL. | 150.00 | |
| Principal occi | upation (Optional) | 10 Employer (Option | al) | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ PARSONS BRINK PAC |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 8.14.02 | Contributor address; City; State; Zip Code ONE PENN PLAZA NEW YORK, NY 1011 | | 400.00 | |
| Principal occu | pation (Optional) | Employer (Optiona | ıl) | |
| Date | Full name of contributor out-of-state PAC (ID#_ TURNER COLLIE + BRA | DEN PAC. | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 8.14.02 | Contributor address; City; State; Zip Code POBOX 130089 HOUSTON, TX 77219 | | 240.08 |]] |
| Principal occup | pation (Optional) | Employer (Optional |) | |
| Date 9.5.02 | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 1.5.0Z | POBOX 690287 SAN Antonio, TX 787 | 6 | 330.00 | 9 0 |
| Principal occup | ation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor Out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| .24.02 | Contributor address; City; State; Zip Code 700 N. St. Mary's San Antonio, TX78 | 17.17 | | 12,868.85 Airtransportation |
| | ation (Optional) | Employer (Optional) | j | costs / city business |

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

| OTHE | R THAN PLEDGES OR LOAN | 8 | (FOR FOR | IMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) |
|------------------|---|---------------------|-------------------------------|--|
| The Instruction | ON GUIDE explains how to complete this form. | | 1 Total pages this | Schedule A1: |
| 2 FILER NAM | ME EDWARD GARZA | | 3 ACCOUNT # (E | thics Commission filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: WELLS FARCGD BANK TX 6 Contributor address; City; State; Zip Code | STATE PAC | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code 16414 Sam Pedro #800 5 AN ANTONIO, VV 1823 | 2 | 500.00 | 1 |
| 9 Principal occi | upation (Optional) | 10 Employer (Option | nal) | |
| Date | Full name of contributor out-of-state PAC (iD#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occu | upation (Optional) | Employer (Option | l nal) | |
| Date | Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occu | pation (Optional) | Employer (Option | al) | ru Ö |
| Date | Full name of contributorout-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | · | | TO SER |
| Principal occup | pation (Optional) | Employer (Options | al) | - 2 |
| Date | Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code | | Amount of contribution (\$) | in-kind contribution description (if applicable) |
| Principal occup | eation (Optional) | Employer (Options | | |
| If contri | ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru | OF THIS FORM A | S NEEDED ditional reportin | g requirements. |

P.O. Box 12070

| PLEDGE | ED CONTRIBUTIONS | (F | FOR FORMS C/OH, | SCHEDULE B1 sc-c/oh, sc-spac, & spac) |
|-------------------|---|---------------------------------------|-------------------------|--|
| The Instruction | ON GUIDE explains how to complete this form. | | 1 Total pages this S | Schedule B1: |
| 2 FILER NAM | N/A | | 3 ACCOUNT # (Ett | hics Commission filers) |
| 4 тот | TAL OF UNITEMIZED PLEDGES: | \$ \$ \$ | ⇔ ⇔ | \$ |
| 5 Date | 6 Full name of pledgorout-of-state PAC (ID#: | | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | | |
| 10 Principal occu | pation (optional) | 11 Employer (optional) |) | |
| Date | Full name of pledgorout-of-state PAC (ID#: |) | Amount of pledge (\$) | In-kind description (if applicable) |
| - | Pledgor address; City; State; Zip Code | | , | |
| Principal occu | upation (optional) | Employer (optional) |) | |
| Date | Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code | | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occu | pation (optional) | Employer (optional) |) | v g |
| Date | Full name of pledgorout-of-state PAC (ID#: | · · · · · · · · · · · · · · · · · · · | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occu | pation (optional) | Employer (optional) | | |
| Date | Full name of pledgorout-of-state PAC (ID#: | <u>)</u> | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occuj | pation (optional) | Employer (optional) | | |
| If cont | ATTACH ADDITIONAL COPIE ributor is out-of-state PAC, please see instru | | | na requirements. |

| POLIT | ICAL EXPENDITURES | , , | SCHEDULE F |
|------------------------------|--|---|---|
| The Instruct | юм Guide explains how to complete this form. | 1 Total page: | s Schedule F: |
| 2 FILER NAM | ME EDWARD GARZA | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount |
| | FROST BANK | _ | (\$) |
| 7.3.02 | 6 Payee address; City; State; Zip Code SAN ANTONIO, TX 78296 | | \$ 3.00 |
| required.) | yment (See instructions regarding type of information | 9 Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| | SERVICE CHARGE | | |
| Date | Payee name | | Amount |
| | MAIN STREET WORLD TRAV | EL | (\$) |
| 7.15.02 | Payee address; City; State; Zip Code 8425 BANDERA # 154 | | 385.00 |
| | SAN ANTONIO, TX 78250 | 5 | |
| Purpose of pay | yment (See instructions regarding type of information | · Complete if direct expenditure to | n henefit C/GHT |
| required.) | TRAVEL | | Office sought Office held |
| Date | Payee name | | Afficient |
| 7.15.02 | Payee address; City; State; Zip Code WINDHAM, NY 12496 | | 558.42 |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expenditure to Candidate / Officeholder name | benefit C/OH •• ffice sought Office held |
| Date | Payee name | | Amount |
| 7.15.02 | Payee address; City; State; Zip Code MIAMI BEACH, FL 3313 | 39 | (\$) 652.86 |
| Purpose of payr | ment (See instructions regarding type of information | ·· Complete if direct expenditure to | benefit C/OH •• |
| , | TRAVEZ | Candidate / Officeholder name Of | fice sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | | | SCHEDULE F |
|-------------------------------|---|---|---------------|---|
| The Instruction | ON GUIDE explains how to complete this form. | | 1 Total pages | Schedule F: |
| 2 FILER NAM | E EDWARD GARZA | | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date 7.15.02 | 5 Payee name LOWES HOTEL 6 Payee address; City; State; Zip Code MIAMI BEACH, FL 3 | | | 7 Amount (\$) |
| requirea.) | yment (See instructions regarding type of information | 9 ·· Complete if dire Candidate / Officeholder na | | o benefit C/OH •• Office sought Office held |
| 7.15.6Z | Payee name SPRINT Payee address; City; State; Zip Code 12730 TNTER STATE SAN ANTONIO, TY | HWYIDW | | Amount (\$) |
| required.) | ment (See instructions regarding type of information | •• Complete if direc Candidate / Officeholder nar | | D benefit C/OH •• ffice sought Office held |
| 7.15.02 | Payee name GRAND HYATT Payee address; City; State; Zip Code NEW YORK, NEW YOR | | | Amount (\$) 193.39 |
| required.) | ment (See instructions regarding type of information | •• Complete if direc Candidate / Officeholder nam | | |
| 7.15.62 | Payee name STRANGE CATERING Payee address; City; State; Zip Code 1551 BANDERA SAN ANTONIO, TX-78 | 228 | | Amount 680.86 |
| Purpose of payn required.) | nent (See instructions regarding type of information | •• Complete if direct Candidate / Officeholder nam | | benefit C/OH •• ce sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEE | DED | |

| Austin, Texas 78711-2 | 070 (512) 463-5800 1-800-325-85 |
|---|--|
| POLITICAL EXPENDITURES | SCHEDULE F |
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule F: |
| 2 FILER NAME EDWARD GARZA | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 5 Payee name SAN ANTONIO Tennis Institu | 7 Amount (\$) |
| 7.15.02 6 Payee address; City; State; Zip Code SAN ANTONIO, TEXAS | 100.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) 9 Candid CHARITABLE DONATION | Complete if direct expenditure to benefit C/OH Idea of the complete |
| Date Payee name CINGULAR WIRELESS Payee address; City; State; Zip Code | Amount (\$) |
| 7.15.02 Payee address; City; State; Zip Code P.O. BOX 4460 HOUSTON, TX 77097 | #7a.73 ☐ 를 |
| Purpose of payment (See instructions regarding type of information required.) Candida Telephone | Complete if direct expenditure to benefit C/OH Office sought Office held |
| Payee name Neubert, EVA 7.15.02 Payee address; City; State; Zip Code 10 23 Ave B #1 SAN Antonio, TX 18215 | Affount -(5)(5)(78.00 |
| Purpose of payment (See instructions regarding type of information required.) Candida Candida Candida | Complete if direct expenditure to benefit C/OH Office hold Office hold |
| Date Payee name SUCHY'S FLOWERS Payee address; City; State; Zip Code 7.15.02 955 Cincinnati Avo | Amount (\$) |
| SAN ANTONIO, TX 1820 | 01 |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
|-------------------------------|--|---|--|
| The Instruction | ом Guide explains how to complete this form. | | 1 Total pages Schedule F: |
| 2 FILER NAM | EDWARD GARZA | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount |
| 7/502 | 5 BC / SOUTHWES TERN B | | (\$) |
| 7.15.02 | 6 Payee address; City; State; Zip Code POBox 4844 Houston, TX 77097 | | 142.52. |
| 8 Purpose of pay required.) | yment (See instructions regarding type of information | 9 Complete if direct | ct expenditure to benefit C/OH •• |
| | Telephone | Candidate / Officeholder nar | me Office sought Office held |
| Date | Payee name | <u> </u> | Amount (\$) |
| •• | SCCURITY ONE Payee address; City; State; Zip Code PO BOX 23350 | | |
| 7,15.02 | PO BOX 23280 SAN Antonio, TX 78 | | 26.97 |
| Purpose of pay | ment (See instructions regarding type of information | | |
| required.) | | Candidate / Officeholder nan | ne Office sought Office held |
| | | | 3 3 |
| Date | Payee name PLAZA OLUB | | Amount (\$) |
| 7.15.02 | Payee address; City; State; Zip Code | J <i>ER</i> | 88.73 |
| · · · · | SAN Antonia, TX 78205 | | ₩ ^ONO |
| Purpose of payi required.) | ment (See instructions regarding type of information | •• Complete if direct | t expenditure to benefit C/OH •- |
| | MEMBERSHIP/FEES | | |
| Date | Payee name | h Sahaal | Amount (\$) |
| 7.16.02 | Payee address; City State; Zip Code | n Senool | 145.57 |
| 1.16.02 | Ronald Reagan High Payee address; City State; Zip Code 1565 Dawn OREST SAN AMBNIO, TX 76 | DR, 1248 | 173.00 |
| Purpose of payr required.) | ment (See instructions regarding type of information | •• Complete if direct Candidate / Officeholder name | expenditure to benefit C/OH ** e Office sought Office held |
| Fal | I PROGRAM ADVERTISING | | · · · · · · · · · · · · · · · · · · · |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEE | DED |

| POLITI | CAL EXPENDITURES | · | SCHEDULE F |
|-------------------------------|---|---|---|
| The Instruction | ON GUIDE explains how to complete this form. | 1 | Total pages Schedule F: |
| 2 FILER NAM | EDWARD GARZA | 3 | ACCOUNT # (Ethics Commission filers) |
| 4 Date 7.23.02 | 1763 W. Summit | | 7 Amount (\$) |
| required.) | SAN ANTONIS, TYTO TO SAN ANTONIS, TYTO TO SAN ANTONIS, TYTO TO SAN ADVERTISING | | expenditure to benefit C/OH •• Office sought Office held |
| - | Payee name Sprint Payee address; City; State; Zip Code PD Box 219554 KANSS CITY, MD 6412 | 1 | Amount (\$) 302.68 |
| required.) | ment (See instructions regarding type of information | •• Complete if direct e Candidate / Officeholder name | Office sought Office Sought |
| Date | Payee name Jefferson Area Communic Payee address; City; State; Zip Code 201 Mered ith Dr. SAN ANTONIO, TX78228 | ty Outreach | Amount (\$) |
| Purpose of payr required.) | ment (See instructions regarding type of information Scholarship Support | •• Complete if direct ex Candidate / Officeholder name | xpenditure to benefit C/OH •• Office sought Office held |
| Date 8.15.0Z | Payee name Southside Reporter Payee address; City; State; Zip Code 2203 S. Hackberry SAN Antonio, TX 182 | 10 | Amount (\$) 300.07) |
| required.) | nent (See instructions regarding type of information | •• Complete if direct ex Candidate / Officeholder name | penditure to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEED | ED |

| POLIT | ICAL EXPENDITURES | | SCHEDULE F |
|-------------------------------|---|---|--|
| The Instruct | TION GUIDE explains how to complete this form. | 1 Total pages | Schedule F: |
| 2 FILER NAM | ME EDWARD GARZA | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount |
| C.P.S | 6 Payee address; City; State; Zip Code PO Box 2678 SAN ANTONIO, TX 782 | | 247.60 |
| 8 Purpose of pa required.) | | 9 Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| 47 | TILITIES | | |
| Date | Payee name | 5 11 | Amount CC2 |
| _ | SBC/SOUTH-WESTERN Flayee address; City; State; Zip Code P O Box 4844 | * // | |
| 7.23.02 | | | 46:04 |
| Purpose of na | HOUSTON, TX 77097 syment (See instructions regarding type of information | | 3: |
| required.) | | Complete if direct expenditure to Candidate / Officeholder name | o benefit C/OH •• Office sought Office held |
| TE | ZEPHONE | | |
| Date | Payee name | | Amount (\$) |
| 1.23.0Z | Payee address; City; State; Zip Code 830 ERIE ST. SAN ANTONIO, TX 782 | 12 | 200.80 |
| Purpose of pay required.) | yment (See instructions regarding type of information | Complete if direct expenditure to Candidate / Officeholder name | o benefit C/OH •• ffice sought Office held |
| | SALARY | | · |
| Date | Payee name Neubert, Eva | | Amount (\$) |
| 1.23.02 | Payee address; City; State; Zip Code #1. | | 1,000.00 |
| | SAN Antonia, TX7 | 8215 | |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expenditure to Candidate / Officeholder name | benefit C/OH •• fice sought Office held |
| | SALARY | | |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | | | SCHEDULE F |
|------------------------------|---|--|-----------------|--|
| The Instruction | ON GUIDE explains how to complete this form. | | 1 Total pages S | chedule F: |
| 2 FILER NAM | E EDWARD GARZA | : | 3 ACCOUNT# | (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 | 7 Amount (\$) |
| 8.5.02 | TAFT RAIDERS ATHLET 6 Payee address; City; State; Zip Code 7226 SHADOW RIDGE | ic boosters | | 40.50 |
| | SAN Antonio, TX7 | 8250 | | • |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 Complete if direct Candidate / Officeholder name | | benefit C/OH •• ice sought Office held |
| FALL P | PROGRAM ADVERTISING | | | |
| Date | Payee name | | | Amount (\$) |
| | Payee address; City; State; Zip Code | | | |
| 8.5.02 | 1931 EDENVALE | • | | 750.00 |
| | SAN Antonio, TX7 | 8224 | | |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direc Candidate / Officeholder nan | • | penefit C/OH •• pe sought Office held |
| | SALARY | | | |
| Date | Payee name | | | Amount (\$) |
| 8.6.02 | ALAND TRAVEL Payee address; City; State; Zip Code 9000 Wurzbach SAN Antonio, TX76 | 82 UN | | 403,50 |
| Purpose of pays | SAN AMONIO, 1X70 | | | |
| required.) | | Complete if direct Candidate / Officeholder nam | • | enefit C/OH •• e sought Office held |
| | TRAVEL | | | |
| P.6.0Z | Payee name Security One Payee address; City: State: Zip Code PO BOX 23280 SAN ANTONIO, TX-785 | 273 | | Amount (\$) |
| Purpose of payr required.) | nent (See instructions regarding type of information | Complete if direct Candidate / Officeholder name | • | enefit C/OH •• |
| SEC | CURITY | | _ | |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEE | DED | |

HOUSTON, TX 77089

Purpose of payment (See instructions regarding type of information

 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought

Office held

Telephone

MONTE VISTA HISTORICAL ASSOC.
Payee address; City: State: Zip Code
BOX 12386
SAN ANTONIO, TX 78246

Amount

500.00

Purpose of payment (See instructions regarding type of information required.)

 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Office held

CHARTY

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| POLIT | ICAL EXPENDITURES | · | SCHEDULE F |
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| The Instruct | ION GUIDE explains how to complete this form. | 1 Total pag | ges Schedule F: |
| 2 FILER NAM | 1E EDWARD GARZA | 3 ACCOU | NT # (Ethics Commission filers) |
| 4 Date | 5 Payee name CLTY of San Antonia | | 7 Amount (\$) |
| 8.6.02 | CLTY of Son Antonio 6 Payee address; City; State; Zip Code P. O. BOY839975 SAN ANTONIO, TX | | 4.89 |
| 8 Purpose of pa required.) | Reim bursement | 9 Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH ·· Office sought Office held |
| Date | Payee name | | Amount |
| 8.6.02 | ALAMO TRAVE/ Payee address; City; State; Zip Code 9000 Wurzbach SAN ANTONIO, TY 782 | 940 | 1, 488,000 NR |
| Purpose of pay | yment (See instructions regarding type of information | - Complete if direct expenditur | |
| | TRAVEL | Candidate / Officeholder name | Office sought N Office held |
| P. 7. 02 | Payee name Omni Hotc/ Payee address; City; State; Zip Code ZZ/ E. Las Colinas Inving, TX 75039 | | Amount (\$) 478.45 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expenditure Candidate / Officeholder name | o to benefit C/OH •• Office sought Office held |
| Date 8.15.02 | Payee name Am. Maries Catering Payee address; City: State: Zip Code San Antonio, TX | | 358·00 |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITI | ICAL EXPENDITURES | | SCHEDULE F |
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| The Instructi | ION GUIDE explains how to complete this form. | 1 Total page | es Schedule F: |
| 2 FILER NAM | 1E EDWARD GARZA | 3 ACCOUNT | T# (Ethics Commission filers) |
| 4 Date | 5 Payeename (avender Proporties | | 7 Amount (\$) |
| 8.19.02 | Cavender Properties 6 Payee address; City; State: Zip Code 215 W Travis Sw Antonio, TX 78205 | | 1,500.00 |
| 8 Purpose of pa required.) | yment (See instructions regarding type of information | 9 Complete if direct expenditure Candidate / Officeholder name | e to benefit C/OH · · Office sought Office held |
| Date | Payee name Plaza Club Payee address; City: State: Zin Code | | Amount (\$) |
| 8.19.02 | Payee address; City: State; Zip Code 2/60 Frost Bnk Tower San Antonio, TX-18205 | • | 88.13888 |
| Purpose of pay required.) | yment (See instructions regarding type of information | Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH . Office sought Office sheld |
| 8.20.0Z | Payee name Martin, VICTOR Payee address; City: State; Zip Code 9619 Flmstone, Dr. San Antonio, TX 182 | 54 | Amount (\$) |
| required.) | dren's Soccer CLINIC | Complete if direct expenditure if Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| Date | Payee name Sprint PCS | | Amount (\$) |
| 8.2002 | Sprint PCS Payee address: City; State; Zip Code POBOX 219574 Kansas City, MO 6412 | L-/ | 373.47 |
| Purpose of payr required.) | Telephone | •• Complete if direct expenditure to Candidate / Officeholder name | o benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLIT | ICAL EXPENDITURES | | SCHEDULE F |
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| The Instructi | ON GUIDE explains how to complete this form. | 1 | Total pages Schedule F: |
| 2 FILER NAM | 1E EDWARD GARZA | 3 | ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount |
| 8.27.02 | 18 Ryans Port. Drive San Antonio, TX 18248 | , , , , , , , , , , , , , , , , , , , | 85.00 |
| 8 Purpose of pa required.) | yment (See instructions regarding type of information Advertising | 9 - Complete if direct e Candidate / Officeholder name | expenditure to benefit C/OH •• Office sought Office held |
| Date | Payee name | | Amount - (\$) -< |
| 8.27.02 | Payender Apperties Payee address; City; State; Zip Code 815 W. Travis SAN Antonio, TX 78206 | 5 | 1,500:00 H |
| Purpose of pay required.) | ment (See instructions regarding type of information $Rent$ | •• Complete if direct ex Candidate / Officeholder name | office sought Office Sought |
| P. 27.0Z | Payee name C.P. 5. Payee address; City: State: Zip Code P 0 Box 2678 SAN ANTONIO, TX 7828 | 9 | Amount (\$) |
| Purpose of pay required.) | ment (See instructions regarding type of information UTILITIES | •• Complete if direct ex Candidate / Officeholder name | penditure to benefit C/OH ** Office sought Office held |
| Date 8.27.02 | Payee name De Leon, MIKE Payee address; City; State; Zip Code 1931 EDEN YALE SAN ANTONIO, 7X78224 | | Amount (\$) |
| Purpose of payr required.) | Reimbursement | •• Complete if direct exp Candidate / Officeholder name | Denditure to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDE | ED |

| POLIT | ICAL EXPENDITURES | | SCHEDULE F |
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| The INSTRUCT | אסו Guide explains how to complete this form. | 1 | Total pages Schedule F: |
| 2 FILER NAM | ME EDWARD GARZA | 3 | ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name Neubert, EVA | | 7 Amount (\$) |
| 8.29.02 | 6 Payee address; City; State; Zip Code 1023 AVC B#1 5am Antonio TX 78215 | • • • • • • • • • • • • • • • • • • • | \$1,000.08 |
| 8 Purpose of pa required.) | syment (See instructions regarding type of information | 9 ·· Complete if direct ex Candidate / Officeholder name | xpenditure to benefit C/OH •• Office sought Office held |
| Date 8.29.72 | Payee name Neubert, EVA Payee address; City; State; Zip Code | | Amount (\$) \$ 82 93 = |
| | 1023 Ave B #1 SAW ANHONIO, TX 78215 yment (See instructions regarding type of information | | |
| required.) | Reimbursement | •• Complete if direct ex Candidate / Officeholder name | office sought office sheld |
| Date 8.29.02 | Payee name 5. B. C. / SOUTHWESTER! Payee address; City: State; Zip Code POBOX 4844 #OUSTON, TX 77097 | v Bell | 46.40 |
| Purpose of pay required.) | rment (See instructions regarding type of information Telephone | Complete if direct exp Candidate / Officeholder name | penditure to benefit C/OH ・・ Office sought Office held |
| Date 8.29.02 | Payee name Time Warner Cable Payee address; City; State; Zip Code PO 130 X 650 734 DALLAS, TX 78265 | | Amount (\$)/05.85 |
| required.) | ment (See instructions regarding type of information | •• Complete if direct exp Candidate / Officeholder name | Denditure to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDE | :D |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | א Guide explains how to complete this form. | 1 Total | pages Schedule F: |
| 2 FILER NAM | E EDWARD GARZA | 3 ACC | OUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount |
| | crumrine Printers | - | (\$) |
| 8.29.02 | 6 Payee address; City; State; Zip Code 2030 E. Houston ST. SAN AMON'D, TX 7820 | | 760.52 |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 •• Complete if direct expendence Candidate / Officeholder name | |
| | Printing Services | Candidate / Cincertolider (fame | Office sought Office held |
| Date | Payee name | | Amount |
| | Philip Cortez Payee address; City; State; Zip Code 351 McNarney San Antonio, TX 18211 | | |
| 8.29.02 | 351 McNarney | | 148361 = |
| - | san Antonio, TX 18211 | | ि इन्त |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | |
| | Reimbursement | Candidate / Officenoider name | Office sought Office held |
| Date | Payee name | | Amount (\$) |
| 8.29.02 | Hampton Inn Payee address; City: State; Zip Code Corpus Christi, TX | | 174.02 |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | liture to benefit C/OH •• Office sought Office held |
| | TRAVEL | | Since read |
| Date | Payee name Suchus Flowers Payee address: City; State; Zip Code 955 Cincimati Avc. | | Amount (\$) |
| 9.3.02 | 955 Cincimati Ave | | .57,71 |
| | San Antonio, TX-78 | 201 | |
| Purpose of payi required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | iture to benefit C/OH •• Office sought Office held |
| | FLOWERS | | |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NEEDED | |

| POLITIO | CAL EXPENDITURES | | | SCHEDULE F |
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| The Instruction | N GUIDE explains how to complete this form. | | 1 Total pages | Schedule F: |
| 2 FILER NAME | EDWARD GARZA | | 3 ACCOUNT# | ‡ (Ethics Commission filers) |
| 4 Date | 5 Payee name | | | 7 Amount |
| (2.2.2 | SBC /Southwestern Bel | ′/ | | (\$) |
| 9,3.02 | P 0 130x 4844 City; State; Zip Code | | | 140.68 |
| | HOUSTON, TX 77097 | | | ٠. |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 Complete if di Candidate / Officeholder r | rect expenditure t | o benefit C/OH ·· Office sought Office Reid |
| | Telephone | | | |
| Date | Payee name | | | Amount - |
| 9.3.02 | Security One Payee address City; State; Zip Code DO 130x 23280 SAN Antonio, TX 1822 | | | 26.97 ONIO |
| Purpose of pay required.) | ment (See instructions regarding type of information | - | rect expenditure to | |
| B | LDG. SCEURITY | Candidate / Officeholder n | iame C | office sought Office held |
| Date | Payee name | | | Amount (\$) |
| 9.5.02 | R.E. LEE HIGH BOOSTER Payee address; City: State; Zip Code 1400 JACKSON Keller Ro SAN ANTONIO, TX 18213 | ССИВ Н | | 70.87) |
| | L | | <u>-</u> | |
| required.) | ment (See instructions regarding type of information | •• Complete if dir Candidate / Officeholder n | ect expenditure to ame O | o benefit C/OH •• ffice sought Office held |
| Date | Payee name | (| | Amount (\$) |
| | Doubletree Hotel Payee address; City; State; Zip Code | | | |
| 9.6.02 | HOUSTON, TX. | | | 238.64 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if dir Candidate / Officeholder n | • | b benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS N | EEDED | |

| POLITIO | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | N GUIDE explains how to complete this form. | 1 Total p | pages Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 ACCC | OUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | ··· | 7 Amount (\$) |
| 9.6.02 | 6 Payee address; City; State; Zip Code WACO, TEXAS | | 146.31 |
| 8 Purpose of pay required.) | rment (See instructions regarding type of information | 9 •• Complete if direct expend Candidate / Officeholder name | liture to benefit C/OH •• Office sought Office held |
| Date | Payee name | | Amount (\$) |
| 9.10.02 | Payee address; City; State; Zip Code 318 5. FLORES | | 120.80 |
| | SAN ANTONIO, TX 1820 | <i></i> | |
| Purpose of pay required.) | rment (See instructions regarding type of information | •• Complete if direct expend Candidate / Officeholder name | liture to benefit C/OH Office sought Office held |
| | ADVERTISING | | ගැන්දීම් ව සිදුර |
| Date | Payee name | | Amount O |
| 9.10.02 | PLAZA CLUB Payee address; City; State; Zip Code 2100 FROST BANK 70WE | | 88.73 |
| | SAN ANTONIO, TX 1820 | ν – | |
| required.) | ment (See instructions regarding type of information MEMBERSHIP DINING | Complete if direct expend Candidate / Officeholder name | iture to benefit C/OH •• Office sought Office held |
| Date | Payee name R. T. C. FLORISTRY | | Amount (\$) |
| 9.12.02 | Payee address; City; State; Zip Code 1420 FREDERICKS BURG | | 95.00 |
| | SAN ANTONIO, TX78 | 201 | |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | iture to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NEEDED | |

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) EDWARD GARZA 5 Payee name Date Amount B. J's SAFE + LOCK 6 Payee address; City; State; Zip Code 9.12.02 64.29 634 E. RECTOR ST. SAN ANTONIO, TX 78216 8 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held BUILDING EXPENSE Payee name Omni HOTEL City; State; Zip Code ZZI EAST LAS COLNUAS 9.16.02 IRVING, TX75039 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/Oիլ required.) Candidate / Officeholder name Office sought TRAVEL Amount CONTINETUTAL AIRLINES Payee address; City: State; Zip Code 9,1602 912.00 SAN ANTONIO, TX Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought Office held TRAVEL Amount TONY CARDENAS CAMPAIGN Payee address; City; State; Zip Code 13189 Osborne St. 9.16.02 500,00 Pacoima, CA 91331 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Office sought CAMPAIGN CONTRIBUTION CIM TONY CARDENAR CITY COUNCIL ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | אס Guide explains how to complete this form. | 1 Total pa | ges Schedule F: |
| 2 FILER NAMI | E EDWARD GARZA | 3 ACCOU | NT # (Ethics Commission filers) |
| 4 Date | 5 Payee name HYATT HOTEL | | 7 Amount (\$) |
| 9.16.02 | 6 Payee address; City; State; Zip Code 400 NEW JERSEY AVE N WASHINGTON, D.C. 2000/ | · W | 463.20 |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information TRA VELU | 9 Complete if direct expendite Candidate / Officeholder name | ure to benefit C/OH •• Office sought Office held |
| Date | Payee name | | 7 0 |
| 9.16.02 | ALAMO TRAVEL GROUP Payee address; City; State; Zip Code 9000 WURZBACH Rd, SAN ANTONIO, TX 78240 | | 556, 50 |
| | | | |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH |
| | TRAVEZ | Constitution of the consti | Cince sought Conice men |
| Date | Payee name | | Amount |
| 9.16.02 | MAIN STREET WORLD TR Payee address; City: State: Zip Code 8425 Bandera #154 SAN ANTONIO, TX 7823 | | 846.87 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH •• Office sought Office held |
| 9.16.01 | Payee name FOX TECH HIGH SCHOOL Payee address; City; State; Zip Code CO E GARZA 1915 W. MAGNOLIA SAN ANTONIO, TX | CLASS REUNION | Amount (\$) |
| Purpose of payi required.) | ment (See instructions regarding type of information SPONSOR EVENT | Complete if direct expenditure Candidate / Officeholder name | e to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITIO | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | N GUIDE explains how to complete this form. | 1 Total page | es Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 ACCOUN | T # (Ethics Commission filers) |
| 4 Date 9.19.72 | 5 Payee name | | 7 Amount 1 |
| 8 Purpose of pay required.) | rment (See instructions regarding type of information | 9 ·· Complete if direct expenditur Candidate / Officeholder name | e to benefit C/OH ** Office sought Office legis |
| Date 9.19.02 | Payee name DERTA AIRLINES Payee address; City; State; Zip Code SAN ANTON 10, TX | | Amount (\$) . 7/5,50 |
| Purpose of payi required.) | ment (See instructions regarding type of information | Complete if direct expenditur Candidate / Officeholder name | e to benefit C/OH •• Office sought Office held |
| Date 9.19.02 | Payee name ALVASAR SHRINE CIRCUS Payee address; City; State; Zip Code C/O CAROL KINTIGH 901 N. LODP 1604 W SAN AN TON 10 TX | | Amount (\$). |
| Purpose of payi required.) | ment (See instructions regarding type of information SPONSOR DISABLED CHILDREN | •• Complete if direct expenditure Candidate / Officeholder name | e to benefit C/OH •• Office sought Office held |
| 9, 23, 0Z | Payee name TIME WARNER CABLE Payee address; City; State; Zip Code PO BOX 650734 DALLAS, TX 15265 | | Amount (\$) |
| required.) | ment (See instructions regarding type of information MPUTER/ROAD RUNNER | Complete if direct expenditure Candidate / Officeholder name | e to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITIO | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | N GUIDE explains how to complete this form. | 1 Total page | s Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 ACCOUNT | 「# (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount (\$) |
| 9.23.02 | 5UCHYIS FLOWERS 6 Payee address; City; State; Zip Code 955 CINCINNATI AVE SAN ANTONIO, TX 7822 | >1 | 26,97 |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 Complete if direct expenditure Candidate / Officeholder name | e to benefit C/OH •• Office sought Office held |
| | FLOWERS | | |
| Date | Payee name | | Amount (\$) |
| 9.2302 | SB,C, SOUTHWESTERN BEL Payee address; City; State; Zip Code POBOX4844 HOUSTON, TX 71097 | - <u>L.</u> | 46.40 |
| Purpose of pay | ment (See instructions regarding type of information | •• Complete if direct expenditure | a to honefit C/OH as S |
| required.) | TELEPHONE | Candidate / Officeholder name | Office sought Office helds |
| Date 9.23.02 | Payee name CINGULAR WIRETESS Payee address; City: State; Zip Code POBOX4460 HOUSTON, TX 71097 | | Amount CERK ONIO |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH ** Office sought Office held |
| Date | Payee name IMAGE DE SAN ANTOUID | | Amount (\$) |
| 9.23.02 | Payee address: City; State; Zip Code 5302 ARROW head SAN ANTON (0,7% 78228 | | 50.00 |
| | SAN ANTONIO, 1× 78228 | | |
| Purpose of payi required.) | ADUERTISING | Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | | | SCHEDULE F |
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| The Instructio | N GUIDE explains how to complete this form. | | 1 Total pages S | chedule F: |
| 2 FILER NAME | EDWARD GARZA | | 3 ACCOUNT# | (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 | Amount (\$) |
| 9.23.02 | ED GARZA 6 Payee address; City; State; Zip Code P. O. BOX 120003 SAN ANTONIO, TX 7821 | · · · · · · · · · · · · · · · · · · · | | 88.98 |
| 8 Purpose of pay required.) | REMBURSEMENT/TRAVEL | 9 Complete if dire Candidate / Officeholder na | • | benefit C/OH •• ice sought Office held |
| Date | Payee name | | | Amount (\$) |
| 9.23.02 | Payee address; City; State; Zip Code 928 W. Commerce SAN ANTONIO, TX 7820 | 7 | | 500.00 50 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direction Candidate / Officeholder national | | benefit C/OH- |
| | SPONSOR GREG SIMMONS EVENT | | THE CHI | 2 0 N |
| Date | Payee name | | | Amount (\$) |
| 9.23.02 | Payee address; City; State; Zip Code POBOX219554 KANSAS CITY, MO 6412 | 21 | | 368,17 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direction of the complete if direction of the complete in the c | • | benefit C/OH •• ce sought Office held |
| Date | Payee name | | | Amount (\$) |
| 9.23.02 | .HISPANIC WOMENS NET OF Payee address; City; State; Zip Code 22819 E. RANGE SAN ANTONIO, TEXAS | TEXAS | | 500.00 |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct Candidate / Officeholder nar | • | benefit C/OH •• ce sought Office held |
| | ADVERTISING | , | 3. | |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NE | EDED | |

| POLITIO | CAL EXPENDITURES | | | SCHEDULE F | |
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| The Instruction | N GUIDE explains how to complete this form. | | 1 Total pages | Schedule F: | |
| 2 FILER NAME | EDWARD GARZA | | 3 ACCOUNT | # (Ethics Commission filers) | |
| 4 Date | 5 Payee name | | | 7 Amount (\$) | |
| | Renaissance Hotel | | | | |
| 9.23.02 | 6 Payee address; City; State; Zip Code MC ALLEN , TEXAS | | | 161.85 | |
| 8 Purpose of pay required.) | rment (See instructions regarding type of information | 9 Complete if di Candidate / Officeholder r | | to benefit C/OH · Office sought | |
| | TRAVETU | | | A LIO | |
| Date | Payee name | | <u> </u> | Amount (\$) | |
| 9.23.02 | BOSTON PARK PLAZA HO Payee address; City; State; Zip Code BOSTON, MA | 7ET | | 561.61 NIO | |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if di Candidate / Officeholder r | | to benefit C/OH •• Office sought Office held | |
| Date | Payee name | | | Amount (\$) | |
| 9.23.62 | ST. REGIS HOTEL Payee address; City; State; Zip Code HOUSTON, 7X | | | 761.73 | |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if di Candidate / Officeholder r | | to benefit C/OH •• Office sought Office held | |
| | TRAVEL | | | | |
| Date | Payee name | | | Amount (\$) | |
| | Payee address; City; State; Zip Code | | | 454.15 | |
| 9.23.02 | Payee address; City; State; Zip Code ATLANTA, GA | | | 454.15 | |
| Purpose of pay required.) | Purpose of payment (See instructions regarding type of information required.) • Complete if direct expenditure to benefit C/OH • Candidate / Office hold | | | | |
| | TRAVEL | | | | |
| | ATTACH ADDITIONAL COPIE | S OF THIS FORM AS N | IEEDED | i | |

POLITICAL EXPENDITURES

SCHEDULE F

| The Instruction | N GUIDE explains how to complete this form. | | 1 Total pages | Schedule F: | |
|------------------------------|---|---|---------------|-------------------------------------|-------------|
| 2 FILER NAME | EDWARD GARZA | | 3 ACCOUNT | # (Ethics Commission file | ers) |
| 4 Date 9.30.02 | 5 Payee name 5.B.C./SOUTHWESTERN BELL 6 Payee address; City; State; Zip Code POBOX 4844 HOUSTON, TX 17097 | | | 7 Amour (\$) 142,1 | |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 ··· Complete if dir Candidate / Officeholder n | | to benefit C/OH ·· Office sought | Office held |
| Date 9.30.02 | Payee name CINGULAR WIRELESS Payee address; City; State; Zip Code P 0 BOX 4460 HOUSTON, TEXAS 77097 | | | 2,77 | RECEIVED |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if dir Candidate / Officeholder na | • | to benefit C/OH Office sought | Office And |
| 9.30.0Z | Payee name SECURITY ONE Payee address; City: State; Zip Code PO BOX 23280 SAN ANTONIO, TX7827 | 23 | | Amoun (\$) 26,97 | |
| Purpose of pay required.) | ment (See instructions regarding type of information BLDG. SECUE/TY | •• Complete if dire Candidate / Officeholder na | • | to benefit C/OH •• Office sought | Office held |
| Date 9. 30.02 | Payee name ED GARZA Payee address; City; State; Zip Code D 0 Box 2003 SAN ANTONIO, TX 78 | 7212 | | Amount (\$) | |
| Purpose of pay required.) | REIMBURSEMENT/TRAUEL | •• Complete if dire Candidate / Officeholder na | • | to benefit C/OH •• Office sought | Office held |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NE | EEDED | | |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | N Guide explains how to complete this form. | 1 To | otal pages Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 AC | CCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name BRACK HIGH 1962 TEAM SCH | MARGHID FULLD | 7 Amount (\$) |
| 9.30.02 | 6 Payee address; City; State; Zip Code BRACKENRIDGE HIGH SCHOOL SAN AN TON (0, TX | | 500.00 |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 Complete if direct exp Candidate / Officeholder name | enditure to benefit C/OH •• Office sought Office held |
| | SCHOLARSHIPS | | |
| Date 9.30.02 | Payee name TREVINO 1 STEVE Payee address; City; State; Zip Code 830 ERIE ST. | | 200.00 |
| -1170102 | SAN ANTONIO, TX | | |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct exp Candidate / Officeholder name | enditure to benefit C/OH • 20 Office sought Office held |
| Date 9.30.02 | Payee name NEUBERT, EVA Payee address; City; State; Zip Code 1023 AVE B#1 SAN ANTONIO, TX 78 | 215 | Amount (\$) |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct export Candidate / Officeholder name | enditure to benefit C/OH •• Office sought Office held |
| Date 10.2.0Z | Payee name CITU OF SAN ANTONIO Payee address; City; State; Zip Code D O BOX 839975 SAN ANTONIO, TX 78283 | 3 | Amount (\$) 46,50 |
| required.) | ment (See instructions regarding type of information | Complete if direct expe Candidate / Officeholder name | enditure to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDE | D |

| POLITIC | CAL EXPENDITURES | | SCHEDULE | F |
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| The Instruction | N GUIDE explains how to complete this form. | 1 | Total pages Schedule F: | |
| 2 FILER NAME | EDWARD GARZA | 3 | ACCOUNT # (Ethics Commission filers) | |
| 4 Date | 5 Payee name CAVENDER PROPERTIES 6 Payee address; City; State; Zip Code 3/5 W. TRAVIS | | 7 Amount (\$) | |
| 8 Purpose of pay required.) | SAN ANTONIO, 7X 78 20 ment (See instructions regarding type of information | | t expenditure to benefit C/OH | |
| | RENT | | U | |
| Date 10.2.D2 | Payee name ALAMD TRAVEL GROUP Payee address; City; State; Zip Code 9000 WURZBACH SAN ANTONIO, TX 78240 | O | Amount (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | ō |
| Purpose of pay required.) | ment (See instructions regarding type of information TRAVET | •• Complete if direc Candidate / Officeholder nam | t expenditure to benefit C/OH •• ne Office sought Office | ce held |
| Date 10.1.0Z | Payee name CM NI HOTEL Payee address; City: State; Zip Code DALLAS, TELAS | | Amount (\$) 90.40 | |
| Purpose of pay required.) | rment (See instructions regarding type of information | •• Complete if direc Candidate / Officeholder nam | ot expenditure to benefit C/OH •• ne Office sought Office | ce held |
| Date | Payee name HEARD LINE BARGER 576 | | Amount (\$) | |
| 10.7.02 | HEARD LINE PARGER, ETC. Payee address; City; State; Zip Code 310 S. St. WARY'S SAN ANTONIO, TEXAS | 78205 | 5,000.00 | |
| required.) | WENED CONTRIBUTION | •• Complete if direc Candidate / Officeholder nam | ct expenditure to benefit C/OH ne Office sought Office | ce held |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NEE | EDED | |

| POLITI | ICAL EXPENDITURES | | | SCHEDULE F |
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| The Instruction | ION GUIDE explains how to complete this form. | | 1 Total pages | s Schedule F: |
| 2 FILER NAM | 1E EDWARD GARZA | | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | | 7 Amount |
| | ALLERTON HOTEL | | | (\$) |
| 10.7.02 | 6 Payee address; City; State; Zip Code | ol N. Michigantu hikago, 12 60611 | e. | 187.69 |
| 8 Purpose of pa required.) | syment (See instructions regarding type of information | 9 Complete if direct Candidate / Officeholder na | | to benefit C/OH •• Office sought Office held |
| : | TRAVEL | | | <u>,</u> |
| Date | Payee name | | | Amount |
| | ESTEVEL, PETER | | | (62) |
| 10.7.02 | Payee address; City; State; Zip Code 3811 HUNTERS TRAIL | | | 4,000,00 |
| - | SAN ANTONIO, TX 782 | .30 | | TO REP |
| Purpose of pay required.) | yment (See instructions regarding type of information | •• Complete if direction Candidate / Officeholder nar | | to benefit C/OH · · · · · Office held |
| RET | TURNED CONTRIBUTION | | | 12 |
| Date | Payee name | | | Amount (\$) |
| | SUCHY'S FLOWERS Payee address; City; State; Zip Code | | | |
| 10.7.02 | 955 CINCINNATI | | | 57,71 |
| L | SAN ANTONIO, TX1 | 8201 | | |
| Purpose of pay required.) | yment (See instructions regarding type of information | Complete if direct Candidate / Officeholder name | • | to benefit C/OH •• Office sought Office held |
| | FLOWERS | | | |
| Date | Payee name | | | Amount (\$) |
| _ | Payee address; City; State; Zip Code P · 0 Box2678 | | | |
| 10,7.02 | P.0 BOX2678 | | | 5.99 |
| | SAN ANTONIO, TX 782 | :89 | | • |
| Purpose of pay required.) | yment (See instructions regarding type of information | Complete if direc Candidate / Officeholder nam | | o benefit C/OH •• Office sought Office held |
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| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NEI | EDED | |

| POLITIO | CAL EXPENDITURES | | SCHEDULE F |
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| The Instructio | N GUIDE explains how to complete this form. | 1 | Total pages Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 / | ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 1 |
| | MIKE DELEON | | 7 Amount (\$) |
| 10.8.07 | 6 Payee address; City; State; Zip Code 1931 EDEN VALE. SAN ANTONIO, TY. 78224 | • | 1,500.00 |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 •• Complete if direct ex Candidate / Officeholder name | xpenditure to benefit C/OH •• Office sought Office held |
| | SALARY | | 788 · |
| Date | Payee name | | Amount - 11 |
| 10.8.02 | SPRINT Payee address; City; State; Zip Code P.O. BOX 219554 KANSAS CTY, MO 64121 | | 442.27 (R. 100 NO |
| Purpose of pay required.) | ment (See instructions regarding type of information | | spenditure to benefit C/OH •• |
| roquirou., | TELEPHONE | Candidate / Officeholder name | Office sought Office held . |
| Date | Payee name | | Amount |
| 10.16.02 | PLAZA CLUB Payee address; City; State; Zip Code 2100 FROST BANK 700 SAN ANTON (0, TX 7) | | 88.73 |
| Purpose of pay required.) | ment (See instructions regarding type of information | | spenditure to benefit C/OH •• |
| | MEMBERSHIP/DINING | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | | Amount (\$) |
| 10.16.02 | F.N. MAGID ASSOC. TNC. Payee address: City; State: Zip Code ONE RESEARCH CENTER MARION, TOWA 52302 | | 14,000.00 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct ex Candidate / Officeholder name | openditure to benefit C/OH •• Office sought Office held |
| | RESEARCH | | |
| | ATTACH ADDITIONAL COPIE | S OF THIS FORM AS NEED | ED |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | N GUIDE explains how to complete this form. | 1 Total pa | ages Schedule F: |
| 2 FILER NAME | E EDWARD GARZA | 3 ACCOL | JNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount (\$) |
| 10.16.02 | Dugan NICHOLAS 6 Payee address; City; State; Zip Code PO BOX 781252 SAN ANTONIO, TX 78278 | | 500.00 |
| 8 Purpose of pay required.) | rment (See instructions regarding type of information | 9 Complete if direct expendit Candidate / Officeholder name | ure to benefit C/OH ·· Office sought Office held |
| Date | Payee name | | Amount -< |
| 10.16.02 | MONTICELLO PARK NEIGK Payee address; City; State; Zip Code BOX 5851 SAN ANTON (0, 7X 782 | | 500 TO CERK |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expendite | ure to benefit C/OH |
| • | SPONSOR EVENT | Candidate / Officeholder name | Office sought Office held |
| Date 10.16.02 | Payee name JEFFERSON BAND BO Payee address; City; State; Zip Code ZIO REPOSE LANE SAN ANTONIO TX-782 | | Amount (\$) |
| required.) | ment (See instructions regarding type of information | •• Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH •- Office sought Office held |
| Date 10.16.0Z | Payee name SAI-S.D. PTA COUNCIL Payee address; City; State; Zip Code 314 Seeling SAN ANTONYO, TX78228 | | Amount (\$) |
| Purpose of payr required.) | ment (See instructions regarding type of information | •• Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instructio | N GUIDE explains how to complete this form. | 1 To | tal pages Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 AC | CCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name Alamo Travel Group | - | 7 Amount (\$) |
| 10.16.02 | 6 Payee address: City; State: Zip Code 9000 Www.gbach Rd. San Antonio, TX 78240 | | 154.00 E C |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 •• Complete if direct expe | enditure to benefit C/OH- |
| | TRAVEL | | 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Date | Payee name | | Amount (\$) |
| 10.21.02 | Southside Reporter Payee address; City; State; Zip Code Z203 S. Hackberry | | 75.00 |
| Purpose of nav | San Antonio, TX 1821 | 0 | |
| required.) | ment (See instructions regarding type of information | Complete if direct expe Candidate / Officeholder name | enditure to benefit C/OH •• Office sought Office held |
| | ADVECTISING | | |
| Date | Payee name | | Amount (\$) |
| 10.21.02 | Payee address; City; State; Zip Code 2203 S Hackberry San Antonio, TX 782 | ····· | 35.00 |
| Purpose of pay | ment (See instructions regarding type of information | | enditure to benefit C/OH •• |
| required.) | ADVERTISING | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | | Amount (\$) |
| 10.22.62 | Cinqular Payee addjess; City; State; Zip Code POBOX4460 HOUSTON, TX 77.097 | | 591.03 |
| Purpose of payi required.) | ment (See instructions regarding type of information | Complete if direct expe Candidate / Officeholder name | nditure to benefit C/OH •• Office sought Office held |
| | Telephone | | |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED |) |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | N GUIDE explains how to complete this form. | 1 | Total pages Schedule F: |
| 2 FILER NAMI | E EDWARD GARZA | 3 | ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount |
| | GOLDEN EAGLE AIR | · · · · · · · · · · · · · · · · · · · | (\$) |
| 10.24.02 | 6 Payee address; City; State; Zip Code SAN ANTONIO, TX | | 9 多 .80日 11日 11日 11日 11日 11日 11日 11日 1 |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 •• Complete if direct e Candidate / Officeholder name | expenditure to benefit C/OH Office sought Office light |
| | TRAVEZ | | Ä JOH |
| Date | Payee name | | Amount (\$) |
| 10.22.02 | Payee address; City; State; Zip Code Los Angeles, CALIFORNI | | 572.99 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct e Candidate / Officeholder name | expenditure to benefit C/OH •• Office sought Office held |
| | TRAVEL | | |
| Date 10.22.02 | Payee name HOLLAND # KNIGHT Payee address; City; State; Zip Code 112 E PECAN #270 SAN ANTONIO, TX 7820 | | Amount (\$) 5,000.50 |
| Purpose of pay required.) | ment (See instructions regarding type of information Professional Services | •• Complete if direct e Candidate / Officeholder name | expenditure to benefit C/OH •• Office sought Office held |
| Date | Payee name Weston Hotel Payee address; City; State; Zip Code WASHINGTON, D.C. | | Amount (\$) |
| Purpose of payr required.) | ment (See instructions regarding type of information | •• Complete if direct e: Candidate / Officeholder name | xpenditure to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEED | DED |

| POLITIO | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | N Guide explains how to complete this form. | 1 Total page | es Schedule F: |
| 2 FILER NAMI | EDWARD GARZA | 3 ACCOUNT | T # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount |
| 10.02.07 | 6 Payee address; City; State; Zip Code | | (\$) |
| 10.22.00 | BOX 2678 | | 5.99 |
| | SAN ANTONIO, TX 1828° | 7 | |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 Complete if direct expenditure Candidate / Officeholder name | e to benefit C/OH |
| | UTILITIES | | |
| Date | Payee name | | Amount |
| | TIME WARNER CABLE | | ************************************* |
| 10.29.02 | Payee address; City; State; Zip Code P 0 Box 65073 4 | | 105.25 |
| | DALLAS, TX 75265 | | 10 |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| | COMPUTER/ ROADRUNNER | | |
| Date | Payee name | | Amount |
| | SUCHY'S FLOWERS Payee address; City; State; Zip Code | | (\$) |
| 10.29.02 | 955 Cincinnati Ave | | 84.68 |
| | SAN Antonio, TX7 | 8201 | |
| Purpose of payi required.) | ment (See instructions regarding type of information | Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| 191 <u></u> | FLOWERS | Samuel Constitution (Constitution Constitution Constituti | Office sought |
| Date | Payee name | | Amount |
| | 3. B. C. / SOUTHWESTERN | J BELL | (\$) |
| | Payee address; City; State; Zip Code | | 46.37 |
| 10,29.02 | HOUSTON, TEXAS 770 | 97 | • |
| Purpose of payr required.) | nent (See instructions regarding type of information | Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH ** Office sought Office held |
| | TELEPHONE | , and | Conce neru |
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| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | אס Guide explains how to complete this form. | 1 Total | pages Schedule F: |
| 2 FILER NAM | E EDWARD GARZA | 3 ACC | OUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | |
| | EVA NEUBERT | - | 7 Amount (\$) |
| 10.29.02 | 6 Payee address; City; State; Zip Code 1023 AVE B#1 5AN ANTONIO, 74 7821 | | 1,000.00 |
| 8 Purpose of par required.) | ment (See instructions regarding type of information | 9 •• Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH •• Office sought Office held |
| | SALARY | | CIT. |
| Date | Payee name | | Ampint COI |
| 10.29.02 | EVA Neubert Payee address; City; State; Zip Code 1023 Ave B#1 SAN Antonio, TX 78 | 215 | 28805 RED |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH Office sought Office held |
| Date 10.30.02 | Payee name ALAMO TRAVEZ GROU Payee address; City; State; Zip Code GODD WURZBACH Rd. SAN AMONIO, TX 18. | | Amount (\$) |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH Office sought Office held |
| Date 10.31.02 | Payee name SECURITY ONE Payee address; City; State; Zip Code PO BOX23280 SAN ANTONIO, TX 182 | 23 | Amount (\$) 26.97 |
| Purpose of pay required.) | ment (See instructions regarding type of information BLDG, SETURITY | Complete if direct expending Candidate / Officeholder name | iture to benefit C/OH Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | on Guide explains how to complete this form. | 1 Total | pages Schedule F: |
| 2 FILER NAM | E EDWARD GARZA | 3 ACC | OUNT # (Ethics Commission filers) |
| 4 Date | 5 Pavee name | | |
| 7 53.0 | ALAMO TRAVEL GROUP | - | 7 Amount |
| 10.31.02 | 6 Payee address; City; State; Zip Code 9000 WURZ bach Rd. SAN Antonio, 7X 182 | 40 | 398.50 |
| | | , T ~ | TITE |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 Complete if direct expen Candidate / Officeholder name | Office sought Office hear |
| | TRAVEL | | 12 |
| Date | Payee name | | Amount (\$) |
| | Payee address; City; State; Zip Code | | |
| 114.02 | 7701 BROADWAY #208 | . a | 342.00 |
| | SAN ANTONIO, TX 7820 |) 7 | |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH •• Office sought Office held |
| Compute | r Repair Services | | |
| Date | Payee name | // | Amount (\$) |
| 11 5 - | S. B. C./SOUTHWESTERN BE Payee address; City: State; Zip Code | 24 | 140,60 |
| 11.5.02 | Box 4844 | | 740,00 |
| Purpose of pay | HOUSTON 1 74 17097 ment (See instructions regarding type of information | | |
| required.) | | Complete if direct expending Candidate / Officeholder name | liture to benefit C/OH •• Office sought Office held |
| | Telephone | | |
| Date | Payee name | | Amount |
| | Sheriolon Hotel Payee address; City; State; Zip Code | | |
| 11.14.02 | LUBBOCK (TEXAS | | 170.06 |
| | | | |
| Purpose of paying required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | iture to benefit C/OH •• Office sought Office held |
| | TRAVEL | | |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | ON GUIDE explains how to complete this form. | 1 Total page | es Schedule F: |
| 2 FILER NAM | E EDWARD GARZA | 3 ACCOUN | T# (Ethics Commission filers) |
| 4 Date | 5 Payee name GRAND AMERICA HOTEL | | 7 Amount (\$) |
| 12,7.02 | 6 Payee address; City; State; Zip Code Salt LAKE GTY, UTAH | | 686:48 CTY |
| 8 Purpose of pay required.) | yment (See instructions regarding type of information | 9 •• Complete if direct expenditure Candidate / Officeholder name | and the second s |
| Date | Payee name CITY of San Antonio Payee address; City; State; Zip Code | | Arriount III |
| 11.14.02 | P 0 BOX 839975 San Antonio, TEXAS 78. | 28 <i>3</i> | 420.00 |
| Purpose of pay required.) | rment (See instructions regarding type of information | Complete if direct expenditure Candidate / Officeholder name | e to benefit C/OH •• Office sought Office held |
| Date | Payee name DAVID ESPINOZA Payee address; City; State; Zip Code PO BOX 839966 SAN ANTONIO, TX 7828 | 3 | Amount (\$) 216.72 |
| Purpose of pay required.) | ment (See instructions regarding type of information Reimbursement | Complete if direct expenditure Candidate / Officeholder name | e to benefit C/OH •• Office sought Office held |
| Date | Payee name Steven Schauer | | Amount (\$) |
| 11.14.02 | Payee address; City; State; Zip Code POBOX 839966 SAN ANHOUN, TX | | 264.08 |
| Purpose of pay required.) | Reimburs ement | Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NEEDED | |

| POLITIO | CAL EXPENDITURES | | SCHEDULE F |
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| The Instructio | N GUIDE explains how to complete this form. | 1 Total p | ages Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 ACCOL | JNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name | | 7 Amount (\$) |
| 11.14.02 | 6 Payee address; City; State; Zip Code POBOX 839975 SAN ANTONIO, TX 1828 | | 90.86 |
| 8 Purpose of pay required.) | Reimbursement | 9 Complete if direct expendi Candidate / Officeholder name | Office sought Office Peld |
| Date | Payee name | | Amount (\$) |
| 11.14.02 | B.J. Sife. & LOCK Payee address; City; State; Zip Code 634 E Rector Street SAN ANNONIO, TX 1821 | 6 | 106 26 B |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expendit Candidate / Officeholder name | ure to benefit C/OH •• Office sought Office held |
| 410 | BLDG. SERVICES | | |
| Date | Payee name | | Amount (\$) |
| 11.15.02 | ED GARZA Payee address; City; State; Zip Code POBOX839966 SAN ANHONIO, TX 78283 | | 285.99 |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expendit Candidate / Officeholder name | ure to benefit C/OH •• Office sought Office held |
| | Reimbursement | | |
| Date | Payee name | | Amount (\$) |
| 11,15.02 | Payee address; City; State; Zip Code | Φ | |
| 1113.00 | POBOX 839975 San Antonid , TX78283 | 3 | 30.82 |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expendit Candidate / Officeholder name | ure to benefit C/OH •• Office sought Office held |
| | Reimbursement | Samuel of the state of the stat | Since dought. Office field |
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| POLITIO | CAL EXPENDITURES | | SCHEDULE F |
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| The Instruction | N GUIDE explains how to complete this form. | 1 Total pages | s Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date //, /5.02 | 5 Payee name CINGULAR 6 Payee address; City; State; Zip Code POBOX 650574 DALLAS, TX 75266 | | 7 Amount (\$) 591.03 |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information Telephone | 9 Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| Date | Payee name PlazA QLUB Payee address; City; State; Zip Code 2100 F ROST BANK SAN AWTONIO, TX | | Amount (\$) 13419 |
| Purpose of pay required.) | ment (See instructions regarding type of information MEMISERSHIP/DINING | - Complete if direct expenditure | to benefit C/OH ··· Office sought Office sought |
| Date | Payee name ALAMO TRAVEL GRO Payee address; City; State; Zip Code 9000 WURZBACK RDA. SAN ANTONIO 174782 | | Amount (\$) |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| Date 11, 30.02 | Payee name EVA Neubert Payee address; City; State; Zip Code 1023 AVE B #1 SAN ANTONIO, TX78 | 3215 | Amount (\$) |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIE | S OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | SCHEDULE F | |
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| The Instruction | N GUIDE explains how to complete this form. | 1 Total pages Schedule F: | |
| 2 FILER NAMI | E EDWARD GARZA | 3 ACCQUNT # (Ethics Commission filers) | |
| 4 Date | 5 Payee name 5. A. Post Newspaper | 7 Amount (\$) | |
| 12.3.02 | 6 Payee address; City; State; Zip Code POBOX,4463 SAN ANTONIO TX 782 | 350.00 14 | ٠, |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information | 9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office he | id |
| | ADVERTISIN G | 700). | |
| Date /2./1.0~ | Payee name HOLY FAMILY Sr. CLTIZE Payee address; City; State; Zip Code 152 FLORDUCIA 5AN ANTONIO, TX 1822 | 100.00 | |
| Purpose of pay required.) | ment (See instructions regarding type of information 5POUSOR SR. PROGRAMS | •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office he | ld |
| Date /2,12.02 | Payee name GAM COMPANY Payee address; City; State; Zip Code 729 WOODLAWN AUE. SAN ANNONIO, TY 782 | Amount (\$) 2,800.00 | |
| Purpose of pay required.) | ment (See instructions regarding type of information Research Services | •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office he | id |
| Date | Payee name PLA ZA QLUB | Amount (\$) | • |
| 12.12.02 | Payee address; City; State; Zip Code 2100 FROST BANK TOW SAN ANTON 10, TX 76 | 1 | |
| required.) | MEMBERSHIP DINING | •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office he | id |
| | ATTACH ADDITIONAL COPIE | S OF THIS FORM AS NEEDED | |

| POLITIC | CAL EXPENDITURES | | SCHEDULE F | |
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| The Instruction | N GUIDE explains how to complete this form. | 1 Total | pages Schedule F: | |
| 2 FILER NAME | E EDWARD GARZA | 3 ACCC | OUNT # (Ethics Commission filers) | |
| 4 Date | 5 Payee name | | 7 Amount | |
| | Ruben Alfaro | | (\$) | |
| (= 10 07 | 6 Payee address; City; State; Zip Code | | 233.00 | |
| 12.12.02 | 203 Upton | | 70000 | |
| | SAN Antonio, TX 7821 | Z | - | |
| Purpose of pay required.) | ment (See instructions regarding type of information | 9 •• Complete if direct expend | diture to benefit C/OH | |
| | PHOTOGRAPHY | | Y REC | |
| Date | Payee name | | Amount | |
| | W.S.A. CHAMBER OF COM | MERCE | T Second | |
| | Payee address; City; State; Zip Code | | 125:00 | |
| 12.12.02 | 301 S. FRID | , NT | -3 -0 | |
| | SAN AMTONIO, TX 782 | | | |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | iture to benefit C/OH •• Office sought Office held | |
| | MEMBERSHIP | | | |
| Date | Payee name | | Amount | |
| | MANAGEMENT ENTERPRISE | 2 2 | (\$) | |
| | Payee address; City; State; Zip Code | | 1,500.00 | |
| 12,12.02 | 215 W. TRAVIS | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | SAN AMTONIO, TX78ZOS | | | |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH •• Office sought Office held | |
| . , | RENT | Candidate / Citiceriolder Harrie | Office sought Office floid | |
| | | | | |
| Date | Payee name | | Amount (\$) | |
| | a. P. J. | | | |
| (7, (7, 5) | Payee address; City; State; Zip Code | | 38.24 | |
| 12.12.02 | Payee address; City; State; Zip Code P. O BOX 2678 SAN AN 10010, TX 782 | .89 | 30.5. | |
| | | | | |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH •• Office sought Office held | |
| | UTILITIES | | | |
| | ATTACH ADDITIONAL COPIE | S OF THIS FORM AS NEEDED | | |
| | | | | |

| POLITIO | CAL EXPENDITURES | | SCHEDULE F |
|------------------------------|--|---|--|
| The Instruction | N GUIDE explains how to complete this form. | 1 Total | pages Schedule F: |
| 2 FILER NAME | EDWARD GARZA | 3 ACCC | DUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name A # M Foundation 6 Payee address; City; State; Zip Code COLLEGE STATION, TX | 77834 | 7 Amount (\$) |
| required.) | ment (See instructions regarding type of information N ENDOWMENT FUND | 9 ·· Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH •• Office sought Office held |
| Date | Payee name ALAMO TRAVEZ GROUP Payee address; City; State; Zip Code 9000 WURZ BACH Rd. SAN AMONIO, TX | 18240 | Amount (\$) 1, 18# 570 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expend Candidate / Officeholder name | diture to benefit C/OFF · Office sought Office sought |
| Date 12.16.02 | Payee name SBC/SOUTHWESTERN BE Payee address; City; State; Zip Code Box4844 Houston, TX | E LL | 46.38 |
| required.) | ment (See instructions regarding type of information | Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH •• Office sought Office held |
| Date 12.16.02 | Payee name SECURITY ONE Payee address; City; State; Zip Code POBOXA3280 SAN ANTONIO, TX 1822 | 33 | Amount (\$) 53.94 |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expend Candidate / Officeholder name | diture to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIE | S OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
|------------------------------|--|--|---|
| The Instruction | N GUIDE explains how to complete this form. | 1 Total page | s Schedule F: |
| 2 FILER NAME | E EDWARD GARZA | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date | 5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code PO 180X 650734 DALLAS, TX 75265 | | 7 Amount (\$) |
| 8 Purpose of pay required.) | ment (See instructions regarding type of information COMPUTER/ROADRUNNER. | 9 •• Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| Date 12.16.02 | Payee name 1304 Scouts Troop 90 Payee address; City; State; Zip Code 18602 Paloma Wood Sam Antonio, 7X 18 | 'a5 ⁷ 9 | Amount (\$) |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct expenditure Candidate / Officeholder name | to benefit C/ON-Office sought Office field |
| Date /2.16.82 | Payee name The Loving Dozen, A Chan Payee address; City; State; Zip Code 10000 W Commerce SAT 18221 | itable Org. | Ameunt MANTONIONIONIONIONIONIONIONIONIONIONIONIONIO |
| Purpose of pay required.) | CHILDRETUS' CHRISTMAS FUND. | •• Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| Date 12 .16 .0Z | Payee name SBC/SOUTHWESTERN (Payee address; City; State; Zip Code Box 48 44 Hous 70N, 7X-17097 | Bell | Amount (\$) |
| Purpose of pay required.) | Telephone | Complete if direct expenditure Candidate / Officeholder name | to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEEDED | |

| POLITI | CAL EXPENDITURES | | SCHEDULE F |
|------------------------------|--|--|--|
| The Instruction | ON GUIDE explains how to complete this form. | 1 | Total pages Schedule F: |
| 2 FILER NAM | E EDWARD GARZA | 3 | ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name FRANK N. MAGID ASSOC. | TNC. | 7 Amount (\$) |
| 12.16.02 | 6 Payee address; City; State; Zip Code DRAWER 744 MILWAUKEE, WI 53278 | -0744 | 5,000.00 |
| 8 Purpose of pay required.) | rment (See instructions regarding type of information Research Services | 9 Complete if direct e Candidate / Officeholder name | expenditure to benefit C/OH •• Office sought Office held |
| Date 12.20.12. | Payee name CITU OF JAN ANTON Payee address; City; State; Zip Code PO BOX 839975 SAN ANTONIO, TY 78 | | Amount (\$) |
| Purpose of pay required.) | ment (See instructions regarding type of information . Reimbursement | •• Complete if direct e Candidate / Officeholder name | expenditure to benefit G/OH |
| Date 12.20.DZ | Payee name EVA Neubert Payee address; City; State; Zip Code 102.3 Ave B #1 SAN ANTONIO, TX | | Amount (\$) |
| Purpose of pay required.) | ment (See instructions regarding type of information | •• Complete if direct e Candidate / Officeholder name | xpenditure to benefit C/OH Office sought Office held |
| Date 12.20.02 | Payee name EVA Neubert Payee address; City; State; Zip Code 10 23 Ave B#1 SAN ANTONIO, TX 18 | 215 | Amount (\$) 870.25 |
| Purpose of pay required.) | ment (See instructions regarding type of information Reimhursment | •• Complete if direct e Candidate / Officeholder name | xpenditure to benefit C/OH •• Office sought Office held |
| | ATTACH ADDITIONAL COPIE | S OF THIS FORM AS NEED | ED |

| POLITIO | CAL EXPENDITURES | | | SCHEDULE F |
|---|--|--|--|--------------------|
| The Instruction | N Guide explains how to complete this form. | | 1 Total pages Schedule F: | |
| 2 FILER NAME EDWARD GARZA | | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date | 5 Payee name 5e3 Island Shrimp 9 6 Payee address; City: State; Zip Code 322 W Rector San Antonio, TX 18 | House | 7 | Amount (\$) 250.00 |
| required.) _ | ment (See instructions regarding type of information | 9 · Complete if dire Candidate / Officeholder na | oct expenditure to bene me Office so | |
| 12.14.0Z | Payee name CAMINO REAL HOTEL Payee address; City; State; Zip Code EL PASO, TEXAS | | | Amount (SE) |
| Purpose of payment (See instructions regarding type of information required.) | | Complete if direct expenditure to benefit C/OH Office held | | |
| Date | Payee name Suchy's Flowers Payee address; City; State; Zip Code 955 Cincinnati Ave Sam Amtonio 17X 7 | e 8201 | | Amount (\$) 674.20 |
| required.) | nent (See instructions regarding type of information | •• Complete if direc Candidate / Officeholder nan | et expenditure to benef ne Office sou | |
| Purpose of paym | Payee name Sweet Sussies Payee address; City; State; Zip Code 999 E. Basse Rd. San Antonio, TX 7820 ment (See instructions regarding type of information | · Complete if direct | t expenditure to benef | |
| Stat | ATTACH ADDITIONAL COPIES | Candidate / Officeholder nam | | ght Office held |